

# State of Connecticut

## GENERAL ASSEMBLY



### COMMISSION OFFICERS:

Susan O. Storey  
Chairperson

Cindy R. Slane  
Vice Chairperson

Adrienne Farrar Houël  
Secretary

Jean L. Rexford  
Treasurer

### EXECUTIVE DIRECTOR:

Leslie J. Gabel-Brett

### COMMISSION MEMBERS:

Marcia A. Cavanaugh  
Anne Dailey  
Barbara DeBaptiste  
Sandra Hassan  
Patricia T. Hendel  
Tanya Meck  
Robin L. Sheppard  
Carrie Gallagher Sussman  
Patricia E.M. Whitcombe

### LEGISLATIVE MEMBERS:

Senator Andrew J. McDonald  
Senator John A. Kissell  
Representative Michael P. Lawlor  
Representative Robert Farr

### HONORARY MEMBERS:

Connie Dice  
Patricia Russo

## PERMANENT COMMISSION ON THE STATUS OF WOMEN

18-20 TRINITY STREET  
HARTFORD, CT 06106-1628

(860) 240-8300

FAX: (860) 240-8314

Email: [pcsw@cga.ct.gov](mailto:pcsw@cga.ct.gov)

[www.cga.ct.gov/PCSW](http://www.cga.ct.gov/PCSW)

### Testimony of Leslie Gabel-Brett, Executive Director Permanent Commission on the Status of Women Before the Committee on Public Health Monday, March 6, 2006

#### **In Support of: R.B. 445, AAC Emergency Health Care for Sexual Assault Victims**

Good morning Sen. Murphy, Rep. Sayers and members of the committee. My name is Leslie Gabel-Brett and I am the Executive Director of the Permanent Commission on the Status of Women. Thank you for this opportunity to testify in favor of R.B. 445, AAC Emergency Health Care for Sexual Assault Victims.

At the PCSW, we have worked for many years to promote full access to comprehensive health care for women, and to protect the needs and rights of women who are victims of sexual assault and domestic violence. The bill before you today is about these two important issues – health care and the rights of crime victims - nothing less and nothing more.

According to the American Public Health Association, more than 600,000 women are raped in this country every year, and approximately 25,000 become pregnant as a

result. Pregnancy could have been prevented for as many as 22,000 of these women by the prompt and timely use of emergency contraception.<sup>1</sup>

According to the Connecticut Sexual Assault Crisis Services, nearly 400 women were accompanied to hospital emergency rooms last year in Connecticut for treatment and evidence collection following a rape. (The total number of victims of sexual assault who sought treatment in hospital emergency rooms is higher, as this number represents only those who sought assistance from a rape crisis center.) Every single one of these victims of violent crime is entitled to complete, caring and thorough health care, no matter the time of day or night, and no matter where the police car, ambulance or loved one brings her. And every one of these victims of rape is entitled to the best possible chance to avoid becoming pregnant if she chooses.

Emergency contraception is safe and extremely effective when taken within 72 hours of unprotected sexual intercourse. It is approved by the Food and Drug Administration, and recommended as the standard method of care for sexual assault survivors by the American Medical Association and the American College of Obstetricians and Gynecologists.<sup>2</sup>

But time is critical in the effective use of emergency contraception. In fact, it is most effective when used within the first 12 hours, and its effectiveness decreases over time. If taken within the first 24 hours, it is 95% effective in preventing pregnancy. Health care providers strongly recommend that women use emergency contraception within 72 hours of unprotected sexual intercourse.

This proposed bill requires all hospital emergency rooms to follow the standard of care and provide medically and factually accurate information to rape victims and to dispense emergency contraception when requested by the victim. Five other states currently have similar requirements, including New York, New Jersey and Massachusetts.

If we imagine the circumstances of a rape victim who arrives at an emergency room for care and evidence collection, it is not hard to understand why this is so critical. The rape victim might arrive at the hospital ER in the middle of the night; she might be badly hurt or even unconscious; she might have been given drugs by the perpetrator of the assault; she might have injuries but have been too embarrassed or frightened to tell the police or whoever is assisting her that she was raped. Once she arrives at the ER and informs a health care professional that she was sexually assaulted, she will not only receive treatment and care, but will also be subjected to procedures for evidence collection that are so invasive and unpleasant that many women refer to the process as a second rape. Under these circumstances, a simple course of pills, taken promptly but no later than 72 hours after the assault, can prevent any pregnancy from occurring in 89% of cases. Health care providers are obligated to put the needs of their patients – in these

---

<sup>1</sup> American Public Health Association, "Providing Access to Emergency Contraception for Survivors of Sexual Assault," policy report #2003-16, 2003.

<sup>2</sup> See American Medical Association, "Strategies for the Treatment and Prevention of Sexual Assault," 2003, and ACOG Practice Bulletin No. 25, "Emergency Oral Contraception," March, 2001.

cases the victims of a violent crime – first, and to meet the standard of care in treating them.

Opponents of this bill may confuse emergency contraception with abortion. As the APHA explains, “Emergency contraception has no effect on an established pregnancy and cannot dislodge an implanted embryo.”<sup>3</sup> In fact, emergency contraception *prevents* abortion by preventing unwanted pregnancy.

Opponents of this bill may also say that it does not protect religious freedom. But this bill does exactly that – it protects the religious freedom of the patient who is a victim of rape. It is unfair and increases the medical risk for rape victims to require them to wait or travel to a second hospital emergency room after they have been assaulted. Very few victims of rape will stop and consider whether the closest hospital will restrict their health care or provide them less than the standard of care – nor should they have to add that worry in the aftermath of a violent crime. Every one of us is entitled to expect a hospital to act like a hospital and provide the highest quality of care without restrictions in an emergency situation.

We urge you to support this bill to protect the victims of crime and ensure the standard of health care they receive. Thank you.

---

<sup>3</sup> *op. cit.*, American Public Health Association